

4/1/03

CRIMINAL OFFENDER RECORD CHECKS REVIEW REQUEST FORM

For DSS use only:
Date Received:

TO: The Commissioner
Department of Social Services
24 Farnsworth Street
Boston, MA 02210.
(Attention: Beryl Domingo)

FROM: _____, Executive Director
(Requesting entity authorized signatory)

(Contracted Vendor Name)

DATE: _____

RE: Request For Review of the Candidate _____
(Name of Candidate for Review)

After due consideration as specified in DSS Regulation 110 CMR 18.00, I am submitting for your review and consideration, documentation in support of my agency's decision to hire the above named candidate, who, as the result of a CORI check, was found to have a positive CORI on a charge(s) contained in:

Check all that apply:

- ☐ Table A of the above noted regulation - Subject to DSS override of recommended hire.
- ☐ Table B of the above noted regulation - Subject to DSS override of recommended hire.
- ☐ Table C of the above noted regulation - May proceed with hire upon forwarding this form and attachments to the Department.

SECTION 1 PROGRAM AND CANDIDATE INFORMATION:

Provider Hiring Source Contact

Provider Hiring Source phone number _____

Candidate:
Name: Last _____ First _____ MI _____

Date of Birth _____ Social Security Number _____

Proposed Position Title _____ (attach Job Description)

Proposed Program to be employed with: _____

Location of Program: _____

CANDIDATE'S NAME _____

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List all funding agencies (including all EOHHS agencies) of the program in which Candidate is proposed to be employed.

SECTION 2 JUSTIFICATION:

Fill in the blank for each item below.

- ☐ Length of time since the last conviction _____
- ☐ Age of the candidate at the time of the most recent offense _____
- ☐ Number of Offenses _____

Complete the following segments. Use additional pages if necessary.

- ☐ **Comments regarding the specific offenses on the CORI**

- ☐ **Evidence of Rehabilitation**

- ☐ **Nature of the work to be performed**

SECTION 3 REQUIRED ATTACHMENTS (check boxes):

- ☐ Job Description
- ☐ Hard Copy of CORI
- ☐ A signed statement from the candidate, providing his/her own explanation of the circumstances of the offense and his/her compelling explanation of the appropriateness of his/her hire
- ☐ Copies of official records used in the review such as information from criminal justice officials, treating professional, police, courts or prosecuting attorney
- ☐ Written statement documenting the decision to hire the candidate, with reference to considerations outlined in 110 CMR 18.11 (1) and the rationale for the conclusion that the candidate does not pose a danger to the program's clients within the position sought.
- ☐ Table A Crimes Documentation (only applicable with Table A crimes):
 - ☐ Statement from the candidate's criminal justice official (parole or probation officer, correctional facility superintendent or designee), that concludes that the proposed hire does not pose an unacceptable risk of harm to the person(s) served by the program.

OR

- ☐ If the candidate's criminal justice official is determined to be unavailable or there is insufficient information to render an assessment, the hiring authority shall at the candidate's request, seek an assessment, performed by a qualified mental health professional, that indicates that the proposed hire does not pose an unacceptable risk of harm to the person(s) served by the program. (The expense of which is to be borne by the hiring provider agency).

Respectfully Submitted:

Hiring Authority _____
Name (print) _____ Signature _____

Title _____ Date _____

Agency Name _____

Address _____

Phone Number _____

Fax Number _____